

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008904

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318  
FILED FEB 19 1963

Primary Registration District No.

1003

Registrar's No.

1489

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, MissouriLength of stay in 1b  
Less than  
1 hour

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St. John's Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

2755 Tamm

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Delia

Middle

M.

Last

Kilker

4. DATE  
OF  
DEATH

Month

February

Day

8,

Year

1963

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11-17-81

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

homemaker

## 10b. KIND OF BUSINESS OR INDUSTRY

own home

## 11. BIRTHPLACE (City and state or country)

Galway, Ireland

## 12. CITIZEN OF WHAT COUNTRY

U.S.A. (Nat.)

## 13a. FATHER'S NAME

Patrick McLaughlin

## 13b. MOTHER'S MAIDEN NAME

Catherine Byrne

## 14. NAME OF HUSBAND OR WIFE

John J. Kilker (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Ann Loepker 6538 Lindenwood

## 18. CAUSE OF DEATH (Enter only one cause, primary, secondary, and tertiary)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary failure

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerotic heart

## DUE TO (c)

Arteriosclerosis generalized

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from over 1960 to 8 Feb 1963 and last saw her alive on 8 Feb 63Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

2-12-63

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

## 25. DATE RECD. BY LOCAL REG.

FEB 11 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. A. F. Catanzaro  
2705 Clifton  
MI. 5-2517

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John L. Dennehy*

Licensed Embalmer No.

*4194*

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.